

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028018

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 3250 Registrar's No. 46

FILED JUL 16 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Pemiscot</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>210 W. 11th. Street</u>		c. CITY OR TOWN <u>Caruthersville</u>	d. STREET ADDRESS (If outside, give location) <u>210 W. 11th. Street</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>Francis LeGrant Davis</u>		Month Day Year <u>July 7, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/29/84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery-Retail</u>	9. AGE (last birthday) <u>78</u>
13a. FATHER'S NAME <u>Bill Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Lewis</u>	11. BIRTHPLACE (City and state or country) <u>Painsville, Ky.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
17. INFORMANT <u>Ada Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Davis</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Caruthersville, Pemiscot, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Caruthersville, Pemiscot, Mo.</u>	
21. I attended the deceased from <u>7-7-62</u> to <u>7-7-62</u> and last saw him alive on <u>7-7-62</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. J. Quinn, M.D.</u>		22b. ADDRESS <u>Caruthersville, Mo.</u>	
22c. DATE SIGNED <u>7-7-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>7/9/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>	
23d. LOCATION (City, town, or county) <u>Caruthersville, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>7-7-62</u>	
24. FUNERAL DIRECTOR <u>H.S. Smith</u>		26. REGISTRAR'S SIGNATURE <u>Jack W. Tipton</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59078520785

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1290-0132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.